

AGENCY INFORMATION FORM

Agency Name _____ Phone () _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

Agency Director Contact Person _____ Phone () _____

Field Instructor _____ Phone () _____

Email _____

1. The field Practicum program places Junior and Senior students. Please indicate the number of students your agency could accommodate:

	Junior _____	Senior _____
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2. Do you have any placement opportunities for evening or weekends? Yes _____ No _____
 If yes, please describe and note hours _____

3. Do you have any financial resources available to practicum students? Yes _____ No _____
 If yes, please check:

Stipends _____	How many? _____	Amount _____
Work Study _____	How many? _____	Amount _____
Other _____	How many? _____	Amount _____

4. Is your agency accessible to students with disabilities? Yes _____ No _____
5. Transportation: What bus routes serve your agency? _____
 How close is the nearest bus stop? _____
 Are students required to use their own cars? _____
 Are students reimbursed for their own car use? _____

6. Please specify any meetings or seminars that students are REQUIRED to attend and when they are scheduled: _____

7. Client Population: Age range _____ Economic status _____
 Ethnicities: Asian American _____ African American _____ EuroAmerican _____
 Hispanic American _____ Native American _____ Other _____

8. Please check the specific focus of the agency program and services:

_____ Aging	_____ Medical	_____ Chemical Dependencies
_____ Child Welfare	_____ Mental Health	_____ Developmental Disabilities
_____ Criminal Justice	_____ Rural health	_____ Family Services

_____ Health	_____ School Social Work	_____ Multi-Ethnic Training
_____ Juvenile Justice	_____ Women & Mental	_____ Physical Disabilities
_____ Other, please	_____ Health	_____
specify:		

9. Please describe the agency (purpose, services provided, geographical area served, primary funding source)

Note: Please attach agency brochures or informational material, if available.